

**Issue Classification**

(Assistant Examiner) (Date)

Legal Instruments Examiner (Date)

**Hwei-Glu Payer**  
**Primary Examiner**  
(Primary Examiner)

**Total Claims Allowed:**

O.G.  
Print Claim(s)

O.G.  
Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA					<input type="checkbox"/> T.D.					<input type="checkbox"/> R.1.47				
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original			
	1			31			61			121			151			181			
	2			32			62			122			152			182			
1	3			33			63			123			153			183			
	4			34			64			124			154			184			
	5			35			65			125			155			185			
2	6			36			66			126			156			186			
	7			37			67			127			157			187			
3	8			38			68			128			158			188			
4	9			39			69			129			159			189			
5	10			40			70			130			160			190			
6	11			41			71			131			161			191			
	12			42			72			132			162			192			
	13			43			73			133			163			193			
	14			44			74			134			164			194			
7	15			45			75			135			165			195			
8	16			46			76			136			166			196			
9	17			47			77			137			167			197			
10	18			48			78			138			168			198			
11	19			49			79			139			169			199			
	20			50			80			140			170			200			
	21			51			81			141			171			201			
	22			52			82			142			172			202			
	23			53			83			143			173			203			
	24			54			84			144			174			204			
	25			55			85			145			175			205			
	26			56			86			146			176			206			
	27			57			87			147			177			207			
	28			58			88			148			178			208			
	29			59			89			149			179			209			
	30			60			90			150			180			210			